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Bib Data Sheet

CONFIRMATION NO. 4222

|   |   |                                  |   |                                      |
|---|---|----------------------------------|---|--------------------------------------|
| <b>SERIAL NUMBER</b><br>09/960,005  | <b>FILING DATE</b><br>09/20/2001<br><b>RULE</b>   | <b>CLASS</b><br>711 455          | <b>GROUP ART UNIT</b><br>2181   | <b>ATTORNEY DOCKET NO.</b><br>P6189a |
| <b>APPLICANTS</b><br>Teruhiko Fujisawa, Shiojiri-shi, JAPAN;<br>Hiroyuki Chihara, Okaya-shi, JAPAN;   |   |                                  |   |                                      |
| <b>** CONTINUING DATA *****</b> No 9E   |   |                                  |   |                                      |
| <b>** FOREIGN APPLICATIONS *****</b> Yes 9E<br>JAPAN 2000-285882 09/20/2000<br>JAPAN 2001-052886 02/27/2001   |   |                                  |   |                                      |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 10/26/2001</b>  |   |                                  |   |                                      |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>18   | <b>TOTAL CLAIMS</b><br>39            |
| Verified and Acknowledged<br>Examiner's Signature <i>9E</i> Initials  |   | <b>INDEPENDENT CLAIMS</b><br>9   |   |                                      |
| <b>ADDRESS</b><br>20178   |   |                                  |   |                                      |
| <b>TITLE</b><br>Wireless information distribution system, wireless information distribution device, and mobile wireless device  |   |                                  |   |                                      |
| <b>FILING FEE RECEIVED</b><br>1792  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |